## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Rot 1450
Alexan 1450
Alexandria, Virginia 22313-1450

				r Fax (571)-273-2885			
INSTRUCTIONS: This for appropriate All further co- indicated unless corrected maintenance fee notification	below or directed otherwise	nsmitting the ISS Patent, advance of in Block 1, by (	UE FEE and rders and no a) specifying	PUBLICATION FEE (if requirements of maintenance fees a new correspondence address	uired). Blocks I through 5 will be mailed to the currer ; and/or (b) indicating a se	should be completed when it correspondence address a parate "FEE ADDRESS" for	
	CE ADDRESS (Note: Use Block ) for	any change of address)	Note: A certificate of	Note: A certificate of mailing can only be used for domestic mailings of the			
28523 7590 05/10/2006				papers. Each addition have its own certificat	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.		
PFIZER INC.	770 43/10/2000			Ce	rtificate of Mailing or Tran	smission	
PATENT DEPARTMENT, MS8260-1611 EASTERN POINT ROAD GROTON, CT 06340				States Postal Service addressed to the Ma transmitted to the USI	I hereby certify that this Fex(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE File address above, or being faceimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
GROTON, C1 00340					(Depontor's seine)		
						(Signature)	
				(Dest)			
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/828,439	04/16/2004	Marco Ca		Cavaleri	892,280-155	5467	
TITLE OF INVENTION: STABLE PHARMACEUTICAL COMPOSITIONS OF DALBAVANCIN AND METHODS OF ADMINISTRATION							
·							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION PEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	08/10/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
PESELE	1623		514-008000				
Change of correspondence address or indication of "Fee Address" (37     2. For printing on the patent front page, list     CFR 1.363).  CR CG C Poncon							
Change of correspondence address (or Change of Correspondence				the names of up to 3 registered patent attorneys agents OR, alternatively,			
	tion (or "Fee Address" Indica or more recent) attached. Use	tion form of a Customer	2 registered	the name of a single firm (having as a member a storred attorney or agent) and the names of up to gistered patent attorneys or agents. If no name is 3, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)			
PLEASE NOTE: Unless	an assignee is identified be	low, no assignee	data will app	car on the potent. If an assign for filing an assignment.	ee is identified below, the d	locument has been filed for	
(A) NAME OF ASSIGNI		i uis ionii is ivo		NCE: (CITY and STATE OR (			
Vicuron Pharmaceuticals, Inc. King of Prussia, PA							
Please check the appropriate assignce category or categories (will not be printed on the patent):							
					riporazion di dinci private gi-	sup entity CI Government	
ta. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed:							
☐ A check in the amount of the fee(s) is enclosed.     ☐ Publication Fee (No small entity discount permitted)     ☐ Payment by credit card, Form PTO-2038 is attached.							
Advance Order - # of Copies The Director is hereby authorized by charge the required foc(s), or credit any overpayment, to Deposit Account Number 16 = 1 445 (enclose an extra copy of this form).							
. Change in Entity Status	(from status indicated above	)	Digital 7	200 T T T T T T T T T T T T T T T T T T	(enclose an extr	a copy or tals form).	
a. Applicant claims SM	MALL ENTITY status. See 3	7 CFR 1.27.	🗋 b. Applic	ant is no longer claiming SMAI	L ENTITY status, Sec 37 C	FR 1.27(g)(2).	
The Director of the USPTO i NOTE: The Issue Fee and Pu nterest as shown by the reco	is requested to apply the Issue oblication Fee (if required) words of the United States Pate	e Fee and Publicat ill not be accepted nt and Trademark	ion Fee (if an from enyone Office	y) or to re-apply any previously other than the applicant; a regi	paid issue fee to the applica stered attorney or agent; or the	ition identified above. ne assignee or other party in	
Authorized Signature	June Ja	governe del f	<del>,</del>				
Authorized Signature   Date 3 i 3 i 4 C 6  Typed or printed name Frank W. Forman Registration No. 42,547							
his collection of information in application. Confidentially ubmitting the completed applies form and/or suggestions	n is required by 37 CFR 1.31 by is governed by 35 U.S.C. plication form to the USPTC for reducing this burden, sh	The information     The information     Time will vary     Time will vary     The information	is required to 14. This coll depending up Chief Inform	o obtain or retain a benefit by the ection is estimated to take 12 roon the individual case. Any co- action Officer, U.S. Patent and FORMS TO THIS ADDRESS	ne public which is to file (and inutes to complete, including mments on the amount of the frademark Office, U.S. Deor	i by the USPTO to process) ig gathering, preparing, and you require to complete artment of Commerce. P.O.	
ov 1-20, Alexandria, Virgii	1118 22313-1430. DO NOT S	END PEES OR C	UMPLETED	FURMS TO THIS ADDRESS	SEND TO: Commissioner	for Patents, P.O. Box 1450	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.